

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>01574, 162</b>	FILING DATE <b>3-28-06</b>
							APPLICANT(S)	
<b>2-14-07 CLAIMS</b>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		1		1				
5		1		1				
6		1		1				
7		1		1				
8		1		1				
9		1		1				
10		1		1				
11		1		1				
12		1		1				
13		1		1				
14	1		1					
15		1		1				
16		2		1				
17		1		1				
18		1		1				
19		1		1				
20		1		1				
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38	1		1					
39	1		1					
40		2		1				
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42		1		1				
43		1		1				
44		1		1				
45		1		1				
46		1		1				
47	1		e					
48	1							
49	1							
50	1							
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								
51	1		1					
52	1		1					
53	1		1					
54	1		1					
55				1				
56				1				
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98								
99								
100								
TOTAL IND.	16	↓	11	↓		↓		
TOTAL DEP.	42	←	41	←		←		
TOTAL CLAIMS	58		52					